

-Children's System of Care Planning Committee Meeting
Minutes for February 15,2005

Members Present: Chuck Hunter, Mignon Waterman, Bonnie Adey, Fred Fisher, Joe Browning, Stephanie Luehr, Jannis Conselyea, Dennis Moore, Melanie Martin-Dent, Barbara Hogg, Tim Lambert and Tim Kober. Veronica Whitaker took the minutes.

Non Members Present: Rita Pickering, Cindy Erler, Shawn Byrne, Nancy Sarrar, Russ Hill,

Minutes:

The minutes for the January 13th meeting were approved without change.

Grants:

Veronica Whitaker gave an update on the Planning and Exploration Grants. Five applications for the Exploration Grant were received and eight were received for the Planning Grant. Questions about the grants were:

Q. What was the status of the Crow Tribe since they were partnering with the state for the SAMHSA grant, would they have to apply for an implementation grant or were they already considered as a site?

A. The Crow Tribe was written into the grant as one of the sites for the implementation grant, they would not have to apply for an implementation grant.

Q. If a community received the Planning Grant and then applied for the Implementation Grant and received it could they turn the Planning Grant back and allow another site to receive it?

A. This is something the review subcommittee will handle.

Q. If an application was postmarked on the 10th but was not in the office on the 10th, should it be disqualified?

A. The committee stated they would recommend the review committee have as much flexibility as legally possible in reviewing the grants.

Legislative Update

Chuck Hunter gave an update on the legislature. He invited other committee members to add their impressions to the discussion.

- The bill that separates the system of care planning committee from the SAA had been heard and passed through Senate. At this time there had not been any action on it by the House. However, Chuck did not feel this would not have any difficulty moving forward.
- A proposal was made from the division to restore CHIP/MHSP benefit, a mental health benefit that used to be available for CHIP kids and was removed in 2002. The appropriation subcommittee has heard the proposal, however, they have not made a decision on it. They have until Friday to make all appropriation subcommittee actions formal. This issue is tied up in a package proposal that deals with Chip expansion, allowing for 3000 more children to enter into CHIP. Expanding enrollment into CHIP will depend on how the committee looks at the sustainability question, how much Federal Grant money do we have and for how many years. We have modeled it out at four years. And the way we have modeled it out we can't end up with a positive balance and have this expanded benefit. We don't know if the committee will keep this benefit in or approve the expansion without the CHIP/MHSP restoration.
- The authority for the SAMHSA grant and the Field Staff positions were approved. It could be reconsidered but this is not expected. Testimony from Melanie Martin Dent, Shawn

Byrne, Mignon Waterman and Bonnie Adee, was very important in obtaining the approval, especially the testimony regarding the field staff positions.

- At this time there is funding for the SED transitional benefit in the HIFA Waiver.
- We have a \$50,000.00 item in the I 149 Tobacco Tax money related to some flexible benefits for the SED Waiver. If it came about it would actually be matched up with Medicaid and would be around \$180,000.00 to \$2,000,000.00.
- There is a bill asking for the removal of the asset test for Medicaid. This would allow for more children to qualify for Medicaid and in turn would free up CHIP slots. This would be very helpful to the KMA's.
- Senator. Baucus and his staff are weighing in quite heavily opposing waiver applications. They feel that Waivers are a backdoor attempt by administration to block grant Medicaid. This pressure by Senator Baucus could jeopardize the SED and HIFA Waivers. Concern was expressed that if President Bush was attempting to go with block grants would the SAMHSA grant be affected? Chuck did not see any interplay between the two, but did not know for sure if there was or not. Mignon Waterman felt the Senate was hesitant to any increase of state obligation to Medicaid and felt this is where the asset test would run into difficulty.

Partnering with Parents:

Cindy Erler, Barbara Hogg, and Bonnie Adee presented on their subcommittee's work regarding partnering with parents. Melanie Martin Dent, Tim Lambert, Barbara Sample, Sandy Mihelish, and Stephanie Luehr were also on the committee.

The information presented was gathered from several sources; the three parent advocacy groups, PLUK, NAMI, and Family Support Network; material from Georgetown, the SAMHSA Grant, and the conference in Dallas. Packets of information were handed out. The committee was asked to read the material.

The group felt they were initially responsible for addressing the training needs and developing the role/job description for the parent volunteers. However, much of the material was directed at the paid parent position so the committee addressed both issues. The packet Cindy handed out contained a document, Learning from Colleagues, Family Professional Partnerships Moving Forward Together, which she felt was excellent in addressing moving from professionally driven care plans to developing true partnerships with parents. The document addressed concerns which have been expressed regarding parent involvement; confidentiality, time factors, etc. Cindy recommended every KMA have a copy of this document.

Cindy outlined the training model the committee envisioned for the paid parent partners. (In the Grant the wording for the paid parent partner is "key family contact"). Based on their model, sustainability would be built into the training. Training would consist of: training on systems of care, KMA's, confidentiality, cultural competency; state wide and local resources. The Subcommittee expressed concern regarding the language in the grant and asked who would have the authority to make changes to the SAMHSA Grant. Chuck felt the authority rested with the Children's Mental Health Bureau.

Other issues discussed:

- NAMI's program, Vision of Tomorrow. This was viewed as an excellent training. Melanie Martin Dent talked with several communities (at the Dallas Conference) who have integrated the training into their community. Cindy will get more information on this program for our next meeting.

Bonnie Adee, a member of the subcommittee, asked the SOC committee about the flexibility in funding to help the volunteer mentor parent and bio parent attend the individual care meetings? Would we consider helping with mileage, child care and even loss wages? Based on information

from the Dallas Conference the groups that were the most successful with volunteers were those who helped the parents get to the meetings, with travel expenses, stipend, child care, etc. The subcommittee wanted to have something regarding flexibility of funding that would go out with the RFP. Since communities will have to have a budget for the implementation grant, they will need guidance on the flexibility of funding for the volunteer parent and the parent whose child is being reviewed.

Nancy Sarrar, from Family Support Network, talked to the group about the focus groups Family Support Network is putting on in several communities across the state. The purpose of focus group is to make sure the parents voice is heard. The focus groups will be in Billings, Missoula, Miles City, and Kalispell. Glasgow would like to have one and so would Wolf Point and Glendive. The focus group is a nice way to monitor if the system of care is really working, is it doing what the families had envisioned it doing for them and their children? In some respects it is holding accountable everyone who is a part of this, are we really keeping to the focus of wanting this to be a team group, everyone working for the benefit of the child, keeping the child the focus. The meetings can have a dual purpose; helping families get what they need, finding out what families need, and, connecting them with KMA's and getting them involved in the process. The focus group is a one- time meeting right now but it could be ongoing. It could be used as an assessment tool and/or an oversight function. If a community wanted to have a focus group they would contact Nancy

Questions and concerns regarding the question of flexible funding and partnering with established family support groups:

- Setting communities up for failure. If we put it in the grant then communities may feel this money will always be there. SAMHSA grant provides some flexibility with the money but where else does the funding come from to provide the support to families? How do other communities do this? Work with local businesses to help out, hotel vouchers, food vouchers etc.
- Do we want to have a formal agreement with family advocacy groups, such as Family Support Network? It could provide a structural approach to gathering family feedback.
- A concern would be the possibility of bumping into the proprietary interests, and/or needs of the established group. We could be bumping into organizations that are already doing grant work and other organizations, such as PLUK who already has a structure and activities going on.
- How flexible are we going to be in allowing the local group to decide whether or not they want to develop a relationship with an established organization rather than telling the parent partner to go out and recruit, train, and find the volunteers that will do this?
- If communities are allowed to make the decision to support parents and/or partner with other agencies, and it is not imposed from a statewide system development perspective, will we have communities who will do a better job at providing better financial support to families?
- Is it required in the Implementation grants that communities have a sustainability plan written into it? If not, it was felt the community would be set up for failure.
- If we provide support, care needs to be taken so we don't jeopardize the family, their Medicaid benefits, etc., by providing support.
- Don't want to put programmatic funding streams in trouble by our desire to support families.

The System of Care Committee was in agreement that each community should have the flexibility to compensate volunteer parents, as they are able. And, to provide support from the beginning in order to get families involved and sustain parent involvement. Supports should be needs based. Parents of the child involved in the system should get whatever supports they need in order to have them participate at the meeting. The System of Care Committee did not feel the support should be mandated but the importance of it should be stressed. Committee members were asked to read over the material handed out and be ready to vote on it at the next meeting.

Dallas Conference:

Members of the committee who attended the conference reported back:

- The family piece is the key to making the KMA work. It takes time to build this part of the KMA but vital.
- Technical assistance has a lot to offer everyone and is available to all of us.
- Disappointment there was no discussion about clinical treatment, best practices, community -based services, wrap around services or delivery of clinical services.
- Little to no acknowledgement that there are a lot of youth who don't have a family to return to, the state is their family. These are often the most severely disturbed youth.
- Leadership was essential to making the KMA and a statewide system of care happen.
- Commitment needs to come from the Governors office down.

Stephanie Luehr stated that she was asked to be part of the debriefing committee and because of her involvement on this committee she had been asked to be part of the next planning committee. She stated she would bring the concerns expressed to the planning committee meeting.

Outcome Measurements:

Fred Fischer gave a handout and presented on the subcommittees work on outcome measurements. He stated the sub committee tried to develop measurements from a macro level to the family level. The committee was asked to review the handout and send their feedback to Veronica Whitaker. The sub committee would like to develop more specific outcomes and asked the committees permission to do this. This was given. The committee also asked the subcommittee to look at and develop outcome measurements for children.

Chuck Hunter told the committee that as the committee progressed and evolved in their role, they would need to address the committee's structure. The value of sub committee work was evident in the past few meetings. The structure of the committee will be on the agenda for the next meeting

The next Children's System of Care Planning Committee Meeting will be March 15th at the Colonial Bldg., 2401 Colonial Dr. 2nd floor conference room, the Wilderness Room.